

TRAVEL EXPENSE CLAIM

STD. 282 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

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CLAIMANT'S NAME Joan M. Borucki		SSN or EMPLOYEE NUMBER*		DEPARTMENT California State Lottery	
POSITION Director		CB/D No.		DIVISION or BUREAU Executive	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 600 North 10th Street		INDEX NUMBER (916) 323-0403	
CITY Sacramento		STATE CA		ZIP CODE 95811	

(1) NORMAL WORK HOURS

0800-1700

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED
0.550

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
06/22	0530	Sacramento - Nashville, TN	200.73	6.00	10.00	18.00		25.00	T		29.00	15.95		275.68
06/23			200.73	6.00			6.00					0.00		212.73
06/24			200.73				6.00					0.00		206.73
06/25	0600	Nashville, TN - Sacramento		6.00	10.00		6.00	25.00	T	36.00	10.50	5.78	19.90	108.68
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			602.19	18.00	20.00	18.00	18.00	50.00		36.00	39.50	21.73	19.90	803.82

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$803.82

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

NASPL Spring Director's Meeting

Business Expense - Internet use at hotel

**Breakfast, lunch, & dinner were provided on certain days

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15)

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE